

State of California - Health and Welfare Agency  
HAZARDOUS WASTE MANAGEMENT BRANCH  
714-744 P Street  
Sacramento, CA 95814

04/23/84  
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83494141

GENERATOR NAME AND MAILING ADDRESS

SHAMROCK OF CALIFORNIA  
957 N. ECKHOFF ST.  
ORANGE, CA. 93667

AREA CODE/PHONE NUMBER

714/639-5444 John

TRANSPORTER NO 1

OMEGA CHEMICAL CORP  
12504 E. WHITTIER BLVD.  
WHITTIER, CALIF. 90602

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD980880660

VEH/CONTAINER NO.

EPA ID NUMBER

00042507

CAD042245001

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP  
12504 E. WHITTIER BLVD.  
WHITTIER, CALIF. 90602

AREA CODE/PHONE NUMBER

(213) 698-0991

EPA ID NUMBER

CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO TYPE

WASTE  
CAT NO

DISP  
METH

HAZARDOUS WASTE, LIQUID N.O.S

- ORM-E

NA1911819

1150

4

3

102

DIM

211101

COMPONENTS

CONC RANGE  
UPPER LOWER

UNITS  
% PPM

PERCHLOROETHYLENE

90

80

N-BUTYL ALCOHOL

10

20

PHOTO RESINS

5

10

SPECIAL HANDLING INSTRUCTIONS

Waste 156 GALS.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO

DAY

YR

Printed or typed full name and signature

Harry A. Albert

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

Harry Solomon

MO

DAY

YR

Printed or typed full name and signature

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR

DISCREPANCY INDICATION SPACE

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

EPA ID NUMBER

CAD042245001

DATE RECEIVED & ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

STEVE SIMPSON

05

01

84

ORM NO DHS-8022A 11/82

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS

83-87967